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	Complete if Known						
Effe Fees pursuant to the Conso.	Application Number 10/558,276-Conf.						
FEE TR	Filing Date						
	First Named Inv	entor -	Thomas Wisniewski				
Fo	Examiner Name	Examiner Name A. Boesen		"			
X Applicant claims small entity status. See 37 CFR 1.27			Art Unit 1648				
TOTAL AMOUNT OF PAYMENT (\$) 960.00			Attorney Docket No. 05986/100M536-US1			6-US1	
METHOD OF PAYM	FNT (check all	that anniv)					=
			one Other	please identif	y):		
x Deposit Account	eposit Account Nun	nber: 04-0100	Deposit	Account Name	. Darby	& Darby P.C.	
For the above-id	entified deposit	account, the Director	is hereby authorize	ed to: (chec	k all that apply)		
x Charge fee	e(s) indicated b	elow	Charg	e fee(s) ind	ficated below, ex	cept for the filin	g fee
	y additional fee er 37 CFR 1.16	(s) or underpayments and 1.17	of X Credit	any overpa	ayments		
FEE CALCULATION							
1. BASIC FILING, SEAF	CH, AND EXA	MINATION FEES					_
	FILI		ARCH FEES	EXAMIN	IATION FEES		
Application Type	Fee (\$)	Small Entity Fee (\$) Fee (	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$	a
Utility	330	165 540		220	110	1000 1 010 10	-
Design	220	110 100		140	70		
Plant	220	110 330		170	85		
Reissue	330	165 540		650	325		
Provisional	220	110 0		0.50	0		
2. EXCESS CLAIM FEE		110 0	U	U	U		
Fee Description	•					Fee (\$) Fee	
Each claim over 20 (inc				52	26		
Each independent claim				220 1	10		
Multiple dependent clair	ms					390	195
			ee Paid (\$)	M	lultiple Depende	ent Claims	
HP = highest number of total	0 .	<u>Fo</u>	<u>e (\$)</u> F	ee Paid (\$)			
Indep. Claims	ee Paid (\$)						
2 -3 or HP = 0 × 110.00 =			0				
HP = highest number of Inde		d for, if greater then 3.					
3. APPLICATION SIZE I If the specification and listings under 37 CF sheets or fraction th	drawings exce R 1.52(e)), the	ed 100 sheets of paper application size fee d J.S.C. 41(a)(1)(G) and	ue is \$270 (\$135 :	onically fil for small er	led sequence or ntity) for each ac	computer Iditional 50	
Total Sheets	Extra Sheets	Number of each	additional 50 or fra			Fee Paid (	ઇ
4. OTHER FEE(S)				ole number)	·	Fees Paid (	\$)
Other (e.g., late filing	surcharge): 2	ee (no small entity dis 253 Extension for re 801 Request for co	spońse within tl	nird month	n ) (see 37	555.00 405.00	
SUBMITTED BY							_
Signature S	an 2	Deve-	Registration No. (Attorney/Agent)	46,209	Telephone	(206) 262-892	7
Name (Print/Type) Gary M	/I. Myles Ph.I	1	I (Amorringwagenii)		Date	January 15, 20	
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